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جم	- P	p	erl	ica
OF	-0	ate	op	tif
1	IS	st	br	cer
MARGIN RESERVED FOR BI	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
VE	T	Id	3.	ck
K		non	m	ba
SE	Z	Sh	it	no
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4	RI	tion	SD	Z
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No. 1		-		-

1. PLACE OF DEATH County. Village or City. No. No. (If death occurred in a hospital or institution, give is NAME instead of street and number) Langth of residence in city or typin where death occurred. yrs. Med. 1. Set, Ward. (If death occurred in a hospital or institution, give is NAME instead of street and number) St., Ward. 1. Historical in the county of typin where death occurred. yrs. Med. 1. Historical in the county of typin where death occurred. yrs. Med. 1. Historical in the county of the	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth? yrs. ds. How long in U.S. it of foreign birth? yrs. mos. ds. No. (Unual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SIX a. Color OR RACE OR INVORCES (wire the word) St., Ward. If annexident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SIX a. Color OR RACE OR INVORCES (wire the word) St., Ward. If Annexident give city or town and State MEDICAL CESTIFICATE OF DEATH 21. DATE OF DEATH (Day) (Teat) St. II HEREBY CERTIFY That Lattended deeased from (or) wife to word) 22. I HEREBY CERTIFY That Lattended deeased from (or) wife to word) 133 (Teat) 134 135 134 135 134 135 134 134	1. PLACE OF DEATH	23)
Langth of residence in city or togan where death occurred yrs. mos. ds. 2. FULL NAME (a) Residence: No. (Unasiphere of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE 5. SINGLE, MARKED, WINDOWDED, OR DIVORCED (write this word) Sa. If married, widowed, or divorced (toga) biffed of (toga) biffed biffed of (toga) biffed	County dans	Registration Dist. No. 2 03
Langth of residence in city or tagen where death occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residenc	Village or City hear work thall	No. St, War
2. FULL NAME (a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("Wire No world) Sa. If married, widowed, or divorced (or) wife of		
(a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DUNCKED (warrier No word) SA. If married, widowed, or divorced HUSONOG (warrier No word) F. DATE OF BIRTH (month, day, end year) ACE Years Months Date of wark done, as SFINNER, SAWMER, BOOKKEEPER, stc. S. STANGE, PORKEEPER, stc. S. STANGE, OR DEATH OTHER SAWMER, BOOKKEEPER, stc. S. STANGE or obusines in which it is paint in this	4	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARKED, WIDOWED. OR DIVORCED Comits this word) 1. DATE OF DEATH 1. DATE OF DEATH		St. Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (write Mic word) Sa. If maried, widowed, or divorced HUSBAND of (or) WIFE		
Sa. If married, widowed, or divorced HUSBANC, widowed, widowed, or divorced HUSBANC, widowed, widowed, or divorced HUSBANC, widowed, wi		
HUSBAND of (or) WIFE of (or) WI	OR DIVORCED (write the word)	947 193 -
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Dys It LESS than 1 day,hrs ormin 1 to have occurred on the date stated above, atm. The PRINCIPAL CAUS OF DEATH and related causes of importance were as through the date stated above, atm. The PRINCIPAL CAUS OF DEATH and related causes of importance were as through the principal causes of importance as the principal causes of importance as the principal causes of importance as through the principal causes of importance as the principal causes o	HUSBAND of	
7. AGE Years Months Age 16 LeSS than 1 day. hrs. br. hrs.	010	
Date of against SawYerr, Both Center Sa		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc. 9. Sugustry or business in which was done as SPINNER, SAW MILL, BAIK, etc. 10. Date deceased last worked at QAY 11. Total time (years) span in this span in this socupation (month and QAY 12. BIRTHPLACE (city or town). (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 19. UNDERTAKER. 24. Was disease or injury in eny way releted to occupation of decessed?. 24. Was disease or injury in eny way releted to occupation of decessed?.	1 day,hrs.	
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Dat	4. 9. Industry or business in which	
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDE	SAW MILL, BANK, etc.	
Other Contributery Casses of importance: 12. BIRTHPLACE (city or town)	11. Total time (years) this occupation (month and QX 193 spant in this occupation wear)	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where did Injury occurr? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury 24. Wes disease or injury in ony way releted to occupation of deceased?	12. BIRTHI EACE (oil) of town)	Other Contributory Canses of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Mas there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury 24. Wes disease or injury in one way releted to occupation of deceased?	# 13. NAME Seem Yorkin	
What lest confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Manner of Injury Nature of injury Nature of injury 24. Wes disease or injury in one way releted to occupation of deceased?	14. BIRTHPLACE (city or town)	Name of operation
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date 19. UNDERTAKER 24. Wes disease or injury in ony way releted to occupation of deceased?	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date 19. UNDERTAKER 24. Wes disease or injury in ony way releted to occupation of deceased?	15. MAIDEN NAME Mailda Smallwood	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 19. UNDERTAKER 24. Wes disease or injury in eny way releted to occupation of decessed?	0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date 19. UNDERTAKER 24. Wes disease or injury in one way releted to occupation of deceased?	(State or country)	(Specify city or town, county and State)
Place Sharps form Date Selp 4 ,1962. Nature of injury 19. UNDERTAKER With The Squared 24. Wes disease or injury in eny way releted to occupation of decessed?		Specify whether Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
13. UNDERTAKER		
	19 UNDERTAKER Win TH Good	24. Wes disease or injury in eny way releted to occupation of deceased?
		If so, specify
20, FILED 9/2 , 1932 B. Lew Druclesse (Signed) Of Miles M. D. Registrar. (Address) Alexander (Address)	20. FILEU-7-7-C	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis Chronie interstitial nephritis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 00				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County A lut	CERTIFICATE OF DEATH
7	Registration Dist. No. 263
Village or City OSK Hallo.	St.: Ward) (If death occurred in
0100	ward) a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Stillbrith	Buckley stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED.	16 DATE OF DEATH
hale White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Defd. 90 , 1934	192 . to
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE III LESS than	
yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or particular kind of work	Callbert
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE (State or country) A end	Contributory Secondary
10 NAME OF	Duration yrs mos ds.
FATHER James Buckley	(Signed) M. D.
IN IL BIRTHPLACE	192 (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME	*State the Disease Causing Death, r, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Edua Darmore	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country) / Reut Co.	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James Buckley	Former or usual residence
(Address) Dack Hale	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
A PART OF THE PART	20 UNDERTAKER ADDRESS
Filed 9 20 19 B. Lus Duding	Lames Buelle (Falls) Roch Hall has
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	/

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. business. that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Autamobile factory. The material Spinner, (b) Catton mill; (o) Salesman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationery fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(b)

BUREAU

Statement of Cause of Death—Name, first, the DISEA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Divhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved State cause for which surgical operation was under-"Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) dianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepais carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chranic interstitial nephritis, unqualified, is indefinite); Tuberculosis af lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; "Heart failure," "Iaemorrhage," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

III LAGE OF DEATH	(2,-0)
County Kent	Registration Dist. No. 203
Village or City Piney Usek nor. Rose	KHall No. St., Ward
+ 0/- 1	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Dola	u.
(a) Residence: No Piney Week,	Kent Cst, - March.
(Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write	whe word) 9 /3 193.5 &
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. ash	Ley 22. 1 HEREBY CERTIFY, That I altended daceased from 1950, to 9 - 13 1950
6. DATE OF BIRTH (month, day, and year) March 26	18 53 Ilas adw have alive on 9 - 1 1987; death is said
	LESS than to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Teads profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	and
or work was done, as SILK MILL, STONE 10, DONE of this concupring month and the specific this concupring months and the specific this concurrence is the specific this concurrence is the specific think the specific this concurrence is the specific think the specif	LON
O Dato deceased last worked at this occupation (month and spent in this	irs) s
year) occupation _	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	110
(State or country)	
13. NAME James Dolan	
14. BIRTHPLACE (city or town)	Name of operation
L. (State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Mary and Kenne	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
T TO PURTURE ACE (site or town)	Accident, sulcide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) (Stata or country)	Where did Injury occur?
m . 60 SA.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Plus Carline Edit	11.4
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Piney Neck Mid Data 9/14	19.32 Nature of injury
China & And	1
19. UNDERTAKER (Last & A.	24. Was disease or injury in eny way related to occupation of deceased?
	1 If so, specify HP Bohlowed
20. FILED 9/14 , 193 2 B. Lun Den	(Signed) M. D.
	Registrar/ (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
~ e -				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important.

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	82:00
County_Kunt	Registration Dist. No.
Village or Columnis, Warton	Noistrict . St., Ward
All Ties wie	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?mrsmosds.
2. FULL NAME John H. Darsey.	
(a) Residence: (No. Culcularies Magneton (Usual place of abode)	Street, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wilde	21. DATE OF DEATH (Moorth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cafeir /, Cotton Darrey.	22. Cocal HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hardy receively been made care of
7. AGE Years Months Days If LESS than	Dar mo. H. Quera, Williamstar Dol.
76 (Estimated) 1 day,hr	1/1/24 44 /
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	arterioseurous, 1922
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Auch 160
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The Hampurages, 32 pme, 193
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Phurelle (State or country)	
13. NAME James Joseph Darsey.	
13. NAME aucs forth Darrey. 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wisterson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME The Francisco Control of the Contro	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edger & Military (Sovier) (Address) Warton Mary Land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Delmans Date 1118, 193	2 Manner of injury Nature of injury
19. UNDERTAKER 30 HE Clearers (Address) Store Poris and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept & 1832 Medals Registrar.	(Signed) Lang L. Paddy Cury M. D.
If more blanks are needed, address State Registr.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10002
county Hend	Registration Dist. No. 202
	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME PERCY. V. Hundhe	ckson
(a) Residence: No. Way to the Setting (Usual place of abody)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH (Month) (Day) 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of I mada m Hendrickson	19 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, end year) Fan. 19/874.	last saw h live on alive on Chluman Hearn's said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at/4_A_m.
58 7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Mere as ropows: Date of onset Lung - Shot wound
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end this o	facet Had - Sight
11. Total time (years) spent in this occupation (month early year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Countries of Importance.
(State or country) Levy 60 mg	
# 13. NAME Victor Hendrickson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Keny 60 md	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Sarah Ford	23. If deeth was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Socon Ford 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Secretal Date of injury 12 18, 19.3.2
E (State or country) Purity 60	Where did injury occurr orman pear Chriterton
17. INFORMANT Zunda M Hundrickson	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charles Com Dete Seb 10 1932	Manner of Inter Such Magillary region de
11000-1-000	Nature of Injury
19. UNDERTAKER H GOOD	24 Was these or injury la and way related to occupation of appeared?
(Address) & hurch Hall	If so, specify
20. FILED SEPT 9 1932 TV-1 Necks	(Signed) And M. D.
Registrar.	Middles Relland State May following to Come of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	BY	PHYSICIAN
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vi.

	PLACE OF DEATH	STATE OF MARY	
C	ounty / Yessel	CERTIFICATE OF	D
		NJ-d Registration Dist. 1	No.
Vill	age or City (No, (No	St:Ward) (If	den
ma an mondo n	2 FULL NAME Mangarel	A io tlon, stead numb	give
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EAT
3 S	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the-word)	16 DATE OF DEATH (Mouth) (D) 17 I HEREBY CERTIFY, That I attended	eny)
6 D	ATE OF BIRTH		the
	(Month) (Day) (Year)	that I last saw h coalive on	12
AG	If LESS than dayhrs.	The CAUSE OF DEATH 's was as follows:	
(b	articular kind of work	(Duration)yrs	• • • • •
	(State or country)	Secondary (Duration)	
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury; an Accidental, Suicidal or Homicidal.	n d
	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, I	nsti
	13 BIRTHPLACE OF MOTHER (State or country)	lents, or Recent Residents) At place of death yrs mosda. State,y	're
4 T	(Informant).	Where was disease contracted, if not at place of death? Former or usual residence.	
5	(Address)	Masser, Sate	101
F	iled 9/12 19227 M. Bul. Registrar	20 UNDERTAKER ADDR	L

RYLAND F DEATH

If death occurred in nospital or institu-on, give its NAME inad of street

DEATH

(Day) ed the deceased from s..... mos..... ds.

in deaths from and (2) whether

Institutions, Trans-

..yrs......mos......de.

TE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

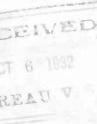
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseunqualified, is indefinite); Tuberculosis of lungs, mentrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway "Puerperal septicacmia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsious." eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease heart (seconddiscase; (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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The state of the s	ain terms so that it may be properly classified.	ficate.
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	10004
PLACE OF DEATH	STATE OF MARYLAND
County Ken	② CERTIFICATE OF DEATH
2 That Paul	Registration Dist. No. 20
Village or City / 3elleston (No. 11) 2FULL NAME Clayle Ken	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRISD. WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH Sept 5 , 1923 2
	(Month) (Day) (Year)
6 DATE OF BIRTH	192 to Start 5 1932
2021, 173	Nead Shart 12
(Month) (Day) (Year)	that I last saw h Manlive on 7, 1921
Styll Born If LESS that day hrs	The CAUSE OF DEATH * was as follows:
TR OCCUPATION	Still Barret
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Betterlowing	Contributory Secondary Ouration June June June June June June June Jun
10 NAME OF Charles Loyd Pip	(Signed) P. alwall M. D.
O II BIRTHPLACE	(Address) St. (197)
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the I issuese Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Causental, Suicidal or Homicidal.
of MOTHER Chel Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) Philadelphia	At place in the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles I Referen	Former or usual readence
(Address) Bettertox rud	Still ford Soft 1932
Filed 192 Registra:	BR Tellow Still and
If more blanks are needed, addre s State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-er, Farm laborer, a tired 6" yrsp. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Collon should be used only when needed. As examples: (a) age. g: ged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, tion applies to each and every report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, or At Home, For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. (b) Automobile factory. The materia and mill; (a) Laborer-Architect, children, Salcsman, (b) -Coal mine, etc. person, irrespective of Locomolive engineer not gainfully em-But in The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease (AUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever' (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Bronchopneumonia ("Pneumonia," Lobar pneumonia," Bronchopneumonia

telanus) may be stated under the head of "contributory." unqualified, is indefinite); approved as fracture of skull, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition, "Debility" ("Congenital," "Senile," "E:haustion," "Heart failure," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles (Recommendations on statement of eause of carbolic acid-probably suicide. The n.turc of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Nomenclature cough; " "Weakness," etc., when a definite disease " "Marasmus, or intercurrent) Chronic and consequences (e.g., sepsis, Carcinomu, Sarcoma, " "Old Age, Tuberculosis of lungs, men-" "Coma," "Convulsions, affection need not be etc. valvular heart disease The contributory ," etc.), "Ilaemorrhage, " Shock, "Drepsy, etc., of of the death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City Galena - (No. 3 7)	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stend of etreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. MARRIED. MIDONED. CR DIVORCED (Write the word) 6 DATE OF BIRTH Cury 2 0, 1843 Cionch) (Day) (Year 7 AGE FLESS than I day hrs. or min.? 6 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER C (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 Color Divorce MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MIDONED. MARRIED. MARRIED. MIDONED. MARRIED. MARRIED. MARRIED. MIDONED. MIDONED. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MIDONED. MARRIED.	The CAUSE OF DEATH * was as follows:
(State or country) 12 MAIDEN NAME OF MOTHER 13 EIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rulecca & Freeman (Address) Lalenia, Male	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death

(Approved by U. S. Census and American Public Health Association.)

whatever, write None business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spirmer, (b) Cotton mill; (a) Salesman, (b) Automobile factory. The should be used only when needed. As evanning additional line is provided for the latter statement if sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The question applies to each and easy person, irrespective of age. For many occupations a single word or term on cupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed laborer worl'nd on may form part of the second statement. nature of ("ivil engineer. the first line will be sufficient, e.g., Tonner or Planter, Statement of Occupation Precise statement of oc-Never return 'Laborer," "Foreman," "Manager." "Deal-Physician. Compositor, Archivet, Locamoline yed, as Ai school, or At home. Care should be taken report specifically the occupations of persons enor At Home, Farm laborer. without more precise specification as Day the business or industry, and therefore an For persons who have no occupation's Net overy forenes, et . or the kind of work and also the and children, Laborer-Coul mine, ctc. not gainfully em-But in many ma terial engin cer, 111 116 Wom-

Statement of Cau e of Leath—Name, first, the DISEASE CAUSING DEAT the process ryaffection with respect to time and causation, uning always the same accepted term for the same of the causation of the same of the

"(Exhaustion," "Heart failure, framilion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL, or HOUSEL A State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" 10 dx. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions." causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., o as fracture of skull, and consequences (e.g., se, sis, telanus) may be stated under the head of "contributory". carbolic acid - probably suicide. The nature of the indray, accident; Revolver wound of head-homicide; Poiso: al or as probably such, if impossible to determine deficitely. can be ascertained as the cause. (secondary or intercurrent) Whooping cough; Chronic vulutar heart disease; Chronic interstitial nephritis, etc. The contributory approved Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature ("Congenital," "Senile," etc.), "Dropsy," ion," "Heart failure," "Haemorrhage," Example: Measles (Cisease affection need not be The contributory Always qualify : Il Messles ;

Aftherican Medical Association.)

If this certificate is booked over thoroughly and all quotions anyworld in detail, it will prevent further correspondence. The data is elsential and must be obtained before the cartificate is permanently filed.

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